Date:	
MORANDUM FOR:	
(Appointing	(Authority)
ОМ:	
(Personnel Officer)	
BJECT: COMPLETION OF SES PROBATIONARY PERIOD	
By signing, you will indicate that the person named below I probationary period required of career appointees in the Senior E appointing authority, or at your discretion, the signature of performance is satisfactory.	xecutive Service. Either your signature a
(Last Name, First Name, Middle In	itial)
(Organization)	
It is my determination that this individual has successfully completed	the one-year probationary period which
ended on(Date)	
(= 5)	
(Signature)	(Date) (Must be after probationary period ending date)
(Title)	

(Organizational Location)